

**Public Health – Seattle & King County****Application for Health Department Approval of Building Permit**

For houses or structures served by an on-site sewage (septic) system (OSS)

**Office Address – 14350 SE Eastgate Way, Bellevue, WA 98007****(206) 296-4932 Fax: (206) 296-4919 Refer to [fee schedule](#) for current fee**

Health Department Use Only

Record I.D. Number

ON \_\_\_\_\_

**Note: Indicate if access to property is a problem due to locked fencing, guard dogs, etc.****Application and all support documents must be submitted in TRIPLICATE – 3 complete sets****Health Dept. Use Only****T - Guide Page/Loc.****In addition, your application sets must include:**

- ☐ A detailed **route map and directions** to property;
- ☐ **Floor plans** showing what is changing in the building or on the property.  
**The maximum size paper** accepted is **11" x 17"**
- ☐ An attached completed CHECKLIST FOR HEALTH DEPARTMENT  
REVIEW OF APPLICATION FOR BUILDING PERMIT

**Property Information**

Address of Property _____		Parcel No (APN):	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
City _____		Zip code	_____										
Applicant's Name _____		Day Phone	(     ) _____										
Applicant's Mailing Address _____		City	_____ Zip _____										
Owner's Name _____		Day Phone	(     ) _____										
Age of House _____	Distance to nearest public sewer _____	Is property in an incorporated city?											
Existing Square footage of house _____	Number of existing bedrooms _____	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Square footage to be added _____	Number of bedrooms being added _____												
Description of proposed changes _____													

Type of On-Site Sewage System Serving Property: \_\_\_\_\_

Additions or repairs to sewage system (give dates and describe briefly) \_\_\_\_\_

Describe or attach any drainfield easements, covenants or notices on title, which may impact the property

**Water Supply Information**☐ Group B Water Supply Name of Water System \_\_\_\_\_  
(2 or more connections) State ID # \_\_\_\_\_☐ Group A Less Than 1000☐ Group A More Than 1000☐ Private (well, spring, etc.) attach copies of well log, well covenants, chemical/bacteriological sample reports.**For Health Department Use Only**

Released Initials \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> Approved _____	Date _____	By: _____
<input type="checkbox"/> Disapproved _____	Date _____	By: _____
<input type="checkbox"/> Hold _____	Date _____	By: _____

Comments/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received

# CHECKLIST FOR HEALTH DEPARTMENT REVIEW OF APPLICATION FOR BUILDING PERMIT

(For buildings not served by public sewer)

The following checklist is a guide to assist the applicant in submitting a complete application. A properly prepared application must include this checklist below along with any additional details and specifications required by applicable provisions of the King County Board of Health – Title 13. *Note: For non-applicable items put NA in the “NO” column.*

**SITE ADDRESS:** \_\_\_\_\_ **PARCEL NUMBER (APN)**

APPLICATION FORM	Yes	No
Application indicates that public sewer service is not available within 200 feet of the subject property.		
The Application for Health Department Approval of Building Permit form is complete; <b><i>Data on all copies must be legible.</i></b>		
Application is submitted in triplicate, and accompanied by the appropriate fee.		
Detailed reference maps for locating the property are provided (vicinity, location and routing to site).		
There is access for field inspection by health department.		
The application indicates if the owner needs to be present due to access issues (e.g. guard dog, locked gate, etc.).		
Application sets are properly collated		

PLOT PLANS	Yes	No
PARCEL PLOT PLAN		
A 1”=20’ scale <b>or</b> 1”= 30’ scale is used. The parcel plot plan is provided on paper that is 11” x 17” or smaller.		
Entries on the plot plan are legible		
A North arrow is indicated on the plan		
Property and easement lines are shown, (specific lengths are indicated)		
Direction(s) of surface drainage is/are shown		
The plans show existing structures present on the site, including all out buildings		
Plan shows the location of existing wastewater tank(s) – (e.g. septic tanks, pre-treatment tanks, dosing/pump tanks, containment vessels)		
Plan shows (if present) the location of existing sand filter(s)		
Location of the primary sewage disposal area (e.g. drainfield, mound, up-flow sand filter) is shown		
Location of the designated reserve sewage disposal area is shown		
Location of other septic components are shown (e.g. tightlines, d-box, pressure lines)		
<b><i>Existing Horizontal Separations (e.g. the proposed addition setback to sewage system components)</i></b>		
The above scaled plot plan depicts the accurate location(s) of the following:		
driveways and parking areas		
wells, other water sources – show a 100’ radius for each well location		
abandoned wells		
water supply lines		
drainage features (e.g. footing drains, curtain drains, drainage ditches)		
cuts, banks, areas of filled terrain		
retaining walls		
surface water, streams, bodies of water		
seasonal water		

HEALTH DEPARTMENT AS-BUILT RECORDS	Yes	No
A copy of an approved as-built diagram is provided/attached		
A same scale (i.e. matching the as-built diagram scale) transparent overlay is provided showing the proposed construction/addition		

OTHER RELATED DOCUMENTS	Yes	No
If applicable/existing, other recorded documents relating to the sewage system and water supply are referenced.		